

APPLICATION DATA SHEET**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	Therapeutic Agents and Methods of Use Thereof For Treating an Amyloidogenic Disease
Attorney Docket Number::	PPI-105
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	12
Small Entity?::	Yes
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Malcolm
Middle Name::	L.
Family Name::	Gefter
City of Residence::	Lincoln
State or Province of Residence::	Massachusetts
Country of Residence::	US
Street of mailing address::	46 Baker Bridge Road
City of mailing address::	Lincoln
State or Province of mailing address::	Massachusetts

Country of mailing address:: United States of America
Postal or Zip Code of mailing address:: 01773

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name:: I.
Family Name:: Israel
City of Residence:: Concord

State or Province of Residence:: Massachusetts
Country of Residence:: US
Street of mailing address:: 117 Anson Road
City of mailing address:: Concord

State or Province of mailing address:: Massachusetts
Country of mailing address:: United States of America

Postal or Zip Code of mailing address:: 01742

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity

Given Name:: John
Middle Name:: L.
Family Name:: Joyal
City of Residence:: Melrose

State or Province of Residence:: Massachusetts
Country of Residence:: US

Street of mailing address:: 88 Beech Avenue
City of mailing address:: Melrose

State or Province of mailing address:: Massachusetts

Country of mailing address:: United States of America
 Postal or Zip Code of mailing address:: 02176

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: US
 Status:: Full Capacity
 Given Name:: Michael
 Family Name:: Gosselin
 City of Residence:: Melrose
 State or Province of Residence:: Massachusetts

Country of Residence:: US
 Street of mailing address:: 1105 Franklin Street
 City of mailing address:: Melrose
 State or Province of mailing address:: Massachusetts
 Country of mailing address:: United States of America
 Postal or Zip Code of mailing address:: 02176

Correspondence Information

Correspondence Customer Number:: 000959

Representative Information

Representative Customer Number::	000959
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/253,302	11/27/00
This Application	Non-Provisional of	60/250,198	11/29/00
This Application	Non-Provisional of	60/257,186	12/20/00

Assignee Information

Assignee name::	Praecis Pharmaceuticals Inc.
Street of mailing address::	830 Winter Street
City of mailing address::	Waltham
State or Province of mailing address::	Massachusetts
Country of mailing address::	United States of America
Postal or Zip Code of mailing Address::	02145-1420

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